



8 **EXAMINATION SCHEDULE**  
Choose only one date (✓) June 6, 2009 \_\_\_\_\_ November 22, 2009 \_\_\_\_\_

9 **CLINICAL COMPONENT SITES – See Handbook for availability**  
These are possible clinical component exam sites. Rank your choices 1<sup>st</sup> through 8<sup>th</sup>.

Vancouver-BC \_\_\_\_\_ Winnipeg-MB \_\_\_\_\_ Ottawa-ON \_\_\_\_\_  
Edmonton-AB \_\_\_\_\_ Hamilton-ON \_\_\_\_\_ Halifax-NS \_\_\_\_\_  
Saskatoon-SK \_\_\_\_\_ Toronto-ON \_\_\_\_\_

Applicants who do not rank all 8 clinical component sites may be assigned to another site if their site choices are full.

10 **METHOD OF PAYMENT**

Please see pages 7-8 of the 2009 Candidate Handbook for payment options

Personal Cheque(s) or Money Order(s) **Note : all payments, including post-dated cheques, must accompany the application form.**

**OR**

Credit Card (please print below)

Card type (check one):	<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
I authorize the Canadian Alliance of Physiotherapy Regulators to charge to my credit card:		
<input type="checkbox"/> The full amount of \$1200.00 (CDN)		
<input type="checkbox"/> First installment of \$700.00 (CDN) and second installment of \$500.00 (CDN) (March 1, 2009 for June, August 1, 2009 for November).		
<input type="checkbox"/> LATE FEE – I authorize the Canadian Alliance of Physiotherapy Regulators to charge \$50.00 (CDN) to my credit card		
Card number:	_____	Expiration date (mm/yy): _____/_____
CVC2 Code (3 digit number on the back of the card)	_ _ _ _ _	
Cardholder's name (print name on card):	_____	
Cardholder's signature:	_____	

**LATE APPLICATION FEE:** If applying after the deadline please note that the \$50.00 late fee is required. Select the box above to authorize The Alliance to charge this fee to your credit card.

**NOTE:** Some regulators require confirmation of registration before issuing a temporary, restricted or supervised license to practice. The Alliance confirms registration with a regulator after the first installment of the fee clears the bank. A certified cheque, money order or credit card will eliminate this waiting time. For confirmation to a regulator, please complete the Verification Request Form. You can download the Verification Request Form from our website [www.alliancept.org](http://www.alliancept.org) or obtain one from the regulator.

11 **LIMITS OF LIABILITY**

While the Canadian Alliance of Physiotherapy Regulators (The Alliance) takes reasonable steps to ensure the accuracy and completeness of information, resources and reports, The Alliance is not responsible for damages in the event of errors or omissions. The Alliance is not responsible for impacts of a personal, professional or financial nature. This includes such impacts as loss of income, loss of salary and/or expenses incurred by an employer, a contractor or a candidate. It is the responsibility of each candidate in registering for the examination to have read and understood the limits of liability. Further it is the candidate's responsibility to advise those interested parties (e.g., employers) about the limits of liability. By participating in the examination, each candidate agrees that he or she shall take no action or other proceeding against The Alliance or any of its officers, employees or agents for an act done in good faith or for any neglect or default related to the Physiotherapy Competency Examination.

**\*Examination site assignments are based on the date the completed application is received. Positions will be allocated on a first applied, first assigned basis. As test sites are subject to logistical considerations, The Alliance cannot guarantee that a candidate will be assigned to the test site(s) chosen. Candidates will be sent information about site assignments with the receipt of application.**

12 **DECLARATION**

I have read and understand the information in the 2009 Candidate's Handbook including the refund process, appeal policy, limits of liability and the contents and spirit of the "Rules of Conduct for the PCE". I consent to the collection, use and disclosure of my personal information for the purposes described in The Alliance's Privacy Policy. I authorize disclosure of my status in respect of my result in the examination to Canadian physiotherapy regulatory agencies. I understand that eligibility for the Clinical Component (Part Two: Physiotherapy National Exam) is subject to successful completion of the Written Component (Part 1: Qualifying Exam). I understand that I can be disqualified from taking or continuing to sit for the administration of the examination (see Candidate Handbook, pages 21-23). I declare that all information on this form and any accompanying documents is true, correct and complete.

I am aware that the information that I have provided may be verified by the Alliance and that in the course of such verification The Alliance may need to disclose to third parties the information that I have provided. I consent to such disclosure by The Alliance and I also consent to the disclosure of my personal information by third parties to The Alliance that may be necessary for The Alliance to process my application and to verify the information that I have provided. I authorize disclosure of non-identifying data for research purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_